

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA FORM 461
	1/3
	For Official Use Only

Amendment

Statement covers period from <u>10/01/2009</u> through <u>12/31/2009</u>	Date of election if applicable: (Month, Day, Year) _____
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SEE INSTRUCTIONS ON REVERSE

1. Name and Address Of Filer

NAME OF FILER
 (Include name(s) of all affiliated entities whose contributions are included in this statement.)
 FIREMAN'S FUND INSURANCE COMPANY

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Novato CA 94998
 RESPONSIBLE OFFICER AREA CODE/DAYTIME PHONE

(If filer is other than an individual)

Noel Douglas Martin, Jr.

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS
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Fireman's Fund Insurance Company	Insurance
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ADDRESS OF EMPLOYER/BUSINESS

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 15400.00
2. Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
3. Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 15400.00
4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 74700.00
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 90100.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/06/2009 By Noel Douglas Martin, Jr.
 DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

Major Donor and Independent Expenditure Committee Campaign Statement

INDEPENDENT EXPENDITURE COMMITTEE AND MAJOR DONOR COMMITTEE STATEMENT

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Statement covers period from <u>10/01/2009</u>	CALIFORNIA FORM 461
through <u>12/31/2009</u>	
2/3	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FIREMAN'S FUND INSURANCE COMPANY

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/26/2009	Friends of Pat Eklund Novato CA 94945 ID: 950084 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Pat Eklund City Council Member Other NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	150.00	Calendar Year \$ <u>400.00</u> Other \$ _____
11/03/2009	Horton Board of Equalization 2010 Sacramento CA 95814 ID: 1321817 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Jerome Horton Board of Equalization Member NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1000.00	Calendar Year \$ <u>1000.00</u> Other \$ _____
11/06/2009	Committee to Re-Elect Treanor San Rafael CA 94901 ID: 970816 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Wanden Treanor Community College Board NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	250.00	Calendar Year \$ <u>250.00</u> Other \$ _____
11/09/2009	Friends of Noreen Evans for State Senate 2010 Santa Rosa CA 95404 ID: 1320905 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Noreen Evans State Senator NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	250.00	Calendar Year \$ <u>250.00</u> Other \$ _____
SUBTOTAL \$						

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NAME OF FILER

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(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
11/12/2009	Mary Jane Burke Campaign Committee San Rafael CA 94903 ID: 932167 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Mary Jane Burke Other -- Superintendent of Schools Other -- Marin County Marin County NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	250.00	Calendar Year \$ <u>250.00</u> Other \$ _____
12/09/2009	Jerry Brown 2010 Oakland CA 94612 ID: 1292687 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Jerry Brown Governor NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	3000.00	Calendar Year \$ <u>5500.00</u> Other \$ _____
12/09/2009	California Dream Team El Segundo CA 90245 ID: 1261406 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	10000.00	Calendar Year \$ <u>10000.00</u> Other \$ _____
12/23/2009	Tom Harman Costa Mesa CA 92626 ID: 1313875 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Tom Harman Attorney General NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	500.00	Calendar Year \$ <u>500.00</u> Other \$ _____
SUBTOTAL \$					15400.00	

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660